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WORKFORCE DOWNTOWN

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Roadmaster Tulsa

FAXED
918-701-0100

CRST Van Expedited, Inc.
3930 16th Avenue SW
Cedar Rapids, Iowa 52404
800-553-2778
Fax 800-993-2778

- ☐ COMPANY DRIVER APPLICATION
☐ INDEPENDENT CONTRACTOR APPLICATION

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin.

I. GENERAL

Please print plainly and complete all blanks

Date: _____
 Names: Bruce Dwayne White Home Phone: (918) 439-9207
First Middle Last (Area)
 Current Address: 320 S Garnett Tulsa OK 74128
Number Street City State Zip
 E-mail Address: _____ Cell Phone: (918) 921-9578
(Area)
 Other Address (Past 5 years): 320 S Garnett Tulsa OK 74128
Number Street City State Zip
 List all other names you have used: WPA

Date of Birth	Social Security No.	Height	Weight	Marital Status	Single	Married
		6'4"	200 lbs	Divorced	Separated	Remarried
Name of Father	Address (Number, Street, City, State, Zip)		Phone #	Occupation	Company-Employed	
Name of Mother	Address (Number, Street, City, State, Zip)		Phone #	Occupation	Company-Employed	
Name of Spouse	Address (Number, Street, City, State, Zip)		Phone #	Occupation	Company-Employed	

IN CASE OF EMERGENCY NOTIFY: Lisa Benson 320 S Garnett Tulsa, OK 918-439-9207
 Relationship: Wife Name Number Street City/State/Zip Phone

Do you have any friends or other relatives employed by this company? ☐ Yes ☒ No

Name: _____ Relationship: _____

Three personal references, other than relatives:

Name: Lisa Benson Workday Telephone: (918) 439-9207
 Name: Darcy White Workday Telephone: 918 439-1289
 Name: _____ Workday Telephone: _____

LICENSE

List ALL driver's licenses/permits held in past.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
OK	P080590442	B	09-30-2012

Is your current license a CDL? ☒ Yes ☐ No State: OK Endorsements: 1) Combination vehicles over 26,001 lbs. ☒ Yes ☐ No
 2) Hazardous material ☐ Yes ☐ No
 3) Air brakes ☒ Yes ☐ No

How did you hear about this company? ☐ Advertisement - Name of Publication: _____☐ Friend ☐ Relative ☒ Other: School

Refused by CRST Employee: _____ ID #: _____ Turnback: _____

0 449 1A 10002



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II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least the past 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary.

We must have telephone numbers. Include periods of unemployment.

Current Or Most Recent Employer Name <u>United America</u>		Supervisor <u>Ray Shellen</u>	
Are you presently employed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	May we call your current employer? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Telephone <u>(918) 583-8321</u>	Address <u>1120 E 1st Tulsa, OK</u>		
Position Held <u>Driver/warehouse</u>	From <u>12/08</u>	To <u>7/09</u>	Rate of Pay <u>11.00/hr</u>
Why do you want to change employers? <u>hope to make more money</u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			
Second Last Employer Name <u>Talsa Transit, LLC</u>		Supervisor <u>Kathy Taylor</u>	
Telephone <u>(918) 582-2108</u>	Address <u>1403 E 5th OK Tulsa, OK</u>		
Position Held <u>Driver</u>	From <u>1/06</u>	To <u>12/07</u>	Rate of Pay <u>11.25</u>
Reason for leaving? <u>Misunderstanding</u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			
Third Last Employer Name <u> </u>		Supervisor <u> </u>	
Telephone <u>()</u>	Address <u> </u>		
Position Held <u> </u>	From <u> </u>	To <u> </u>	Rate of Pay <u> </u>
Reason for leaving? <u> </u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			
Fourth Last Employer Name <u> </u>		Supervisor <u> </u>	
Telephone <u>()</u>	Address <u> </u>		
Position Held <u> </u>	From <u> </u>	To <u> </u>	Rate of Pay <u> </u>
Reason for leaving? <u> </u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			
Fifth Last Employer Name <u> </u>		Supervisor <u> </u>	
Telephone <u>()</u>	Address <u> </u>		
Position Held <u> </u>	From <u> </u>	To <u> </u>	Rate of Pay <u> </u>
Reason for leaving? <u> </u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			
Sixth Last Employer Name <u> </u>		Supervisor <u> </u>	
Telephone <u>()</u>	Address <u> </u>		
Position Held <u> </u>	From <u> </u>	To <u> </u>	Rate of Pay <u> </u>
Reason for leaving? <u> </u>			Number of states driven in <u> </u>
No. of Accidents <u> </u>	Please Explain <u> </u>		
Periods of unemployment (if any): From (month) <u>1</u> To (month) <u>1</u>			

☐ Check here if additional sheet(s) are attached.

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III. DRIVING RECORD**TRAFFIC CONVICTIONS/FORFEITURES**List ALL vehicle moving traffic convictions and forfeitures for the past three years (IF NONE, WRITE NONE)

DATE	LOCATION (STATE)	CHARGE	PENALTY
	<i>N/A</i>		

ACCIDENT RECORDList ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, WHETHER OR NOT ON MVR. (IF NONE, WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head-on, rear-end, sideswipe, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Any Vehicle Towed
		<i>N/A</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A. Do you have any restrictions from working in the United States? ☐ Yes ☒ No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☒ No
- C. Have you ever had a license, permit or privilege suspended or revoked? ☐ Yes ☒ No
- D. Have you ever been convicted for driving while under the influence of alcohol or drugs? ☐ Yes ☒ No
- E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? ☐ Yes ☒ No
- F. Have you ever been refused liability insurance? ☐ Yes ☒ No
- G. Have you ever been convicted of a Felony? ☐ Yes ☒ No
- H. Do you have any Felonies Pending? ☐ Yes ☒ No
- I. Have you ever been convicted of a Misdemeanor? ☒ Yes ☐ No
- J. Have you ever been disqualified to drive by Federal Regulations? ☐ Yes ☒ No
- K. Have you ever been refused a security bond? ☐ Yes ☒ No
- L. Have you ever failed a Controlled Substance Test, including pre-employment test? ☐ Yes ☒ No
- M. Have you ever tested 0.02 or greater on an Alcohol Test, including pre-employment test? ☐ Yes ☒ No
- N. Have you ever refused a Controlled Substance or Alcohol Test, including pre-employment test? ☐ Yes ☒ No

If answer to any question is yes, state details, circumstances, and date:

*1992 Discharge from Fire Arm
Shot up in the air Missed 2 Fingers only*

IV. EDUCATIONAL BACKGROUNDCan you read English? ☒ Yes ☐ NoSpeak English? ☒ Yes ☐ NoWrite English? ☒ Yes ☐ No

Type of School	Name and City/State	Graduated	How many years attended?	Major
Grade	<i>Anderson</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>4</i>	
High School	<i>Small Central</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>4</i>	
College	<i>North Eastern</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>3</i>	<i>SP & Education</i>
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School	<i>Tulsa VO Tech</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Driving School	<i>Road maker</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date:	

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V. NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Dates		Approx. Number of Miles	States Operated
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (Specify)					
Other (Specify)					

VI. CERTIFICATION OF COMPLIANCE

I hereby certify I possess only a driver's license for the state of my residence and have returned all other(s) I may have possessed to the State(s) of issuance, other than the license(s) listed below.

Operator's Signature

Date

License #

State

VII. GENERAL INFORMATION

I was recommended by:

I will drive for:

I am an independent contractor and have a

Year

Make

Unit #

Tractor

Additional Information:

VIII. MILITARY STATUSHave you served in the U.S. Armed Forces: ☒ Yes ☐ No

Branch?

Dates: From

to

DD214 Narrative reason for discharge:

Honorable discharge?

☒ Yes ☐ No

Do you have a DD214?

☐ Yes ☐ No

PLEASE INCLUDE YOUR DD214 IF MILITARY SERVICE WAS IN THE LAST THREE YEARS.

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OVER-THE-ROAD DRIVER JOB DESCRIPTION

An over-the-road driver must be able to pick up, transport and deliver product in a safe, professional, courteous and timely manner, driving a semi-trailer in the contiguous 48 states, with up to a 63' trailer.

The driver is the single direct contact responsible for good public relations with the motoring public and with existing and prospective clients and customers. The driver must be able to communicate orally and in writing with others including company representatives, fellow drivers, and customers. The driver must be able to read, write and do basic math to properly complete bills of lading, manifests, logs, accident, and cargo claims paperwork. The driver must be able to read and understand maps.

The driver must know and understand Department of Transportation rules and regulations pertaining to over-the-road drivers, equipment, and cargo listed in the Federal Motor Carrier Safety Regulations. The driver must understand and comply with company policies and procedures.

The driver must have a basic mechanical knowledge of a tractor-trailer. The driver must be able to perform DOT equipment inspections, hook/unhook trailers, and enter and exit the tractor and trailer. The driver must be able to shift manual transmission engines, control the steering wheel, operate the brake and accelerator pedals, and be able to back and park a tractor-trailer unit.

The driver must meet DOT standards for physical exam, drug test, and commercial driver's license as well as company standards.

The driver must be able to drive up to a 10 hour shift and up to 70 hours per week. In the coast-to-coast team operation, the driver must work effectively with their co-driver to perform their job responsibilities while working relatively long hours and performing repetitive work in a tractor. This may require the driver to be away from home 21 days or more at a time, work with variable work/rest cycles due to frequent deadlines and meeting delivery schedules, be exposed to environmental extremes, and encounter day-to-day stressful situations.

Drivers on occasion must load and unload trailers handling weights of up to 75 pounds and be able to mount snow chains on tires. Drivers may be required to use loading/unloading devices such as electric floor jacks and hand dollies.

This job description is intended to accurately state the working conditions and the tasks that must be performed for this job. However, the description is not an exhaustive list and the driver may be required to perform other tasks or other work from time to time as assigned to the driver by his supervisor or management.

1. Have you reviewed the job description above? ☒ Yes ☐ No
2. Have the requirements of this job been explained to you? ☒ Yes ☐ No
3. Do you understand these requirements? ☒ Yes ☐ No
4. Can you perform the requirements of this job with or without reasonable accommodation? ☒ Yes ☐ No

IX. AGREEMENT**TO BE READ AND SIGNED BY APPLICANT**

This application for employment and any resulting conditional job offer or contract of hire, shall be deemed to be completed and executed in the state of Iowa.

It is agreed and understood that any misrepresentation of any information by applicant shall be considered an act of dishonesty and may subject applicant to immediate discharge if hired.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, including all information on any Alcohol and Controlled Substance Testing/Training Records, whether same is of record or not, and applicant releases former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by the motor carrier safety regulations. I further release and agree to hold harmless any previous or current employer as well as any employee, agent, or representative thereof from all liability of damage that may arise from the release of these results.

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.
(MIA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(FA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is understood that this application for employment and any conditional offer of employment in no way obligates the employer to employ me and it is understood that if hired, my employment is "at will." The terms of my at-will employment can only be changed by written contract, signed by an officer of CRST.

I agree that any compensation as a result of Worker Compensation injury or illness shall be governed by and according to the benefits provided by the state of Iowa.

It is agreed that the applicant, by presenting the application for employment, represents that the statements given by the applicant to the information requested in the application are true, correct and complete, and that any false, misleading or incomplete statements of the information requested in this application shall be sufficient grounds for discharge if employed.

It is agreed and understood that as a condition of employment, all drivers will be subject to drug/alcohol testing and a physical examination. I affirm that I have a genuine interest and no other purpose in applying for a job with the company.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

9/7/09
Date

Applicant's Signature

FOR OFFICE USE ONLY

Hire Date:

Termination Date:

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DISCLOSURE AND RELEASE

In connection with my application for employment including contract for services with you, I understand that consumer reports which may contain public information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION WITH REGARD TO THIS APPLICATION FOR EMPLOYMENT.

I have a right to make a request to DAC, upon proper identification, of the nature and substance of all information provided with regard to the undersigned; and the names of the recipients of any reports about me which DAC has previously furnished within the two-year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Bruce White
Print Name

[REDACTED]
Social Security No.

[Signature]
Applicant's Signature

09/07/09
Date

CRST
VAN EXPEDITED